

# **Law Enforcement Information Sheet**

## **Wyoming Concealed Firearm Permit Applicant**

**This checklist is being presented to you by a Wyoming Resident who is active military and stationed out of state. In this process we are trying to determine if the applicant has any records with your agency or information you would like us to know. If no records exist please indicate this in the narrative section of your prospective agency.**

**This checklist needs to be sent to us directly and not returned by the applicant. Our contact information is located below. If you have any questions regarding this form please contact us.**

**Thank you for your cooperation.**

**BASE COMMANDER – LOCAL SHERIFF – CHIEF OF POLICE**

**OF**

**A Wyoming Military resident applicant for a  
Wyoming Concealed Firearm Permit**

**1. APPLICANT NAME**

**2. DATE OF BIRTH**

Last Name	First Name	MI
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MO	DAY	YR
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**3. SUITABILITY FOR RECEIVING A WYOMING CONCEALED FIREARM PERMIT**

Wyoming Statute 6-8-104(g) requires submission of a written report to the Division containing any information that may be pertinent to the issuance of a permit to any applicant. The written report shall state facts known to the Base Commander, Sheriff or Chief of Police which establish reasonable grounds to believe that the applicant has been or is reasonably likely to be a danger to himself or others, or to the community at large as a result of the applicant’s mental or psychological state, as demonstrated by a past pattern or practice of behavior, or participation in incidents involving a controlled substance, alcohol abuse, violence or threats of violence as these incidents relate to criteria listed in this section.

Explain any YES answer in No. 4, narrative	Yes	No
a. Is there an indication that this applicant may be a danger to himself?		
b. Is there an indication that this applicant may be a danger to others?		
c. Is there an indication that this applicant may be a danger to the community at large?		
d. Does the applicant have a local military or county record or contact with either Law Enforcement agency?		

**4. NARRATIVE**


Please mark box indicating which agency this is being returned by.

5.  **RECOMMENDATION – BASE COMMANDER (REQUIRED)**  
As Base Commander of \_\_\_\_\_, I recommend (\_\_\_\_\_) Or DO NOT recommend (\_\_\_\_\_) (for reasons indicated in No. 4, narrative)

\_\_\_\_\_  
Base Commander Signature

\_\_\_\_\_  
Date

6.  **RECOMMENDATION – SHERIFF (REQUIRED)**  
As Sheriff for the State and County of \_\_\_\_\_, I recommend (\_\_\_\_\_) Or DO NOT recommend (\_\_\_\_\_) (for reasons indicated in No. 4, narrative)

\_\_\_\_\_  
Sheriff’s Signature

\_\_\_\_\_  
Date

7.  **RECOMMENDATION – CHIEF OF POLICE (IF APPLICABLE)**  
As Chief of Police for the city/town of \_\_\_\_\_, I recommend (\_\_\_\_\_) Or DO NOT recommend (\_\_\_\_\_) (for reasons indicated in No. 4, narrative)

\_\_\_\_\_  
Chief’s Signature

\_\_\_\_\_  
Date

**Email this form within 14 days of date of receipt to the WY Division of Criminal Investigation**

ATTN: CFP Processing at [CFP@wyo.gov](mailto:CFP@wyo.gov) 307-777-7181